

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/30/03.

I. DISPUTE

Whether there should be additional reimbursement for hospital admission of 1/29/03 through 2/4/03.

II. RATIONALE

The EOBs submitted by both the requestor and carrier group all services under the admission date of 1/29/03, although the services involved, were delivered from 1/29/03 through 2/4/03. The Table of Disputed Services also listed all services under the 1/29/03 date of service.

A review of the itemized statement submitted by the requestor indicates billing for services from 1/29/03 through 2/4/03 and preoperative services of 1/24/03. Although the EOBs had corresponding Revenue Codes, along with the UB-92, the itemized statement did not furnish the same information; therefore, the Commission is unable to compare the EOBs to the itemized statement.

As the Commission was unable to review these documents to determine which services were delivered during the authorized in-patient stay, reimbursement is not recommended. The requestor did not submit adequate documentation to support their positions in this dispute.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for hospital admission of 1/29/03. The above Findings and Decision are hereby issued this 20th day of September, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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